**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZATION		
1 OTTIVI 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, typ is changed) over the lines	e 12FE4M5	
Vectren Corpo	ration Employees Federal PAC		
سسسطا			
ADDRESS (number and s	Vectren Corporation Treasury Dept.		
(Check if address is changed)	One Vectren Square		
	Evansville	_ LIN _	47708   -
	CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	outsourcing@aristotle.com		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE M M	/ D D / Y Y Y Y		
0.3	02 2010	•	
3. FEC IDENTIFICA	TION NUMBER C C00240069		
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A	<b>A</b> )	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, cor	rect and complete	
	Looks Planner		
Type or Print Name of	Treasurer Leslie Blenner		
Signature of Treasurer	Electronically Filed by Leslie Blenner	Date 03	/ 02 / Y Y Y Y Y
NOTE: Submission of fall	se, erroneous, or incomplete information may subject the person signing th	•	
Office Use Only	For further inform Federal Election Co Toll Free 800-424-9	mmission	FEC FORM 1 (Revised 02/2009)